

**National Immunization Program
Immunization Services Division
Education, Information, and Partnership Branch
Speaker Request Form**

Current Date: _____

Date(s) Presentation is requested: _____

Contact Person:

Name: _____ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Request Details:

Target Audience: _____

If this is a conference, what is the title? _____

Estimate Attendance: _____ Length of Presentation(s): _____

Topic(s) of Requested Presentation: _____

Location of Presentation: _____

Specific Speaker(s) Requested? _____

Will your organization provide CME? CNE? CHES? Other _____

Do you have a projector for Power Point presentations e.g. LCD or InFocus that our lap top can connect to for projecting onto a screen? Yes No

Program Manager Signature _____ Date _____
(If this is a state or regional conference)

Additional Details:

Please attach this request to an email and send to Skip Wolfe at crw4@cdc.gov or fax to the Education, Information, and Partnership Branch of the National Immunization Program, Immunization Services Division at (404) 639-8828.